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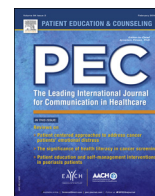
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# The International Charter for Human Values in Healthcare: An interprofessional global collaboration to enhance values and communication in healthcare



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## ABSTRACT

**Objectives:** The human dimensions of healthcare—core values and skilled communication necessary for every healthcare interaction—are fundamental to compassionate, ethical, and safe relationship-centered care. The objectives of this paper are to: describe the development of the *International Charter for Human Values in Healthcare* which delineates core values, articulate the role of skilled communication in enacting these values, and provide examples showing translation of the Charter's values into action.

**Methods:** We describe development of the Charter using combined qualitative research methods and the international, interprofessional collaboration of institutions and individuals worldwide.

**Results:** We identified five fundamental categories of human values for every healthcare interaction—Compassion, Respect for Persons, Commitment to Integrity and Ethical Practice, Commitment to Excellence, and Justice in Healthcare—and delineated subvalues within each category. We have disseminated the Charter internationally and incorporated it into education/training. Diverse healthcare partners have joined in this work.

**Conclusion:** We chronicle the development and dissemination of the *International Charter for Human Values in Healthcare*, the role of skilled communication in demonstrating values, and provide examples of educational and clinical programs integrating these values.

**Practice implications:** The Charter identifies and promotes core values clinicians and educators can demonstrate through skilled communication and use to advance humanistic educational programs and practice.

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## 1. Introduction

The human dimensions of healthcare—the core values and communication skills that should be present in every healthcare interaction—are fundamental to the practice of compassionate, ethical, and safe relationship-centered care. Well-developed values

and effective communication are essential in all healthcare settings and in all aspects of healthcare, from prevention and health maintenance to illness diagnosis, treatment, and recovery [1–10]. Accrediting organizations internationally require teaching and assessment of both humanistic skills and communication skills [7]. Studies show that effective communication, grounded by core values, improves health outcomes, quality of care, and patient and clinician satisfaction [11–15]. However, these human dimensions of care have not yet received the emphasis necessary to make them central to every healthcare encounter.

The *International Charter for Human Values in Healthcare* [16] is the result of a rigorous, three-year process of international collaborations to identify and develop a framework for values relevant across cultures and languages. The objectives of this paper are to: (a) describe the conceptualization, development, and dissemination of the *International Charter for Human Values in Healthcare* which arose out of an international, interprofessional collaboration to identify core values that should be present in every healthcare interaction, (b) systematically describe how these values can be realized through skilled communication, and (c) show the translation of the *International Charter's* values into action by providing examples of a faculty education program and a research-based intervention that embed human values in healthcare interactions. Our overarching aim is to develop ways to better cultivate and enhance the human dimensions of care in all healthcare relationships including clinician–patient, interprofessional/team, colleague–colleague, and others within and between healthcare systems and stakeholders.

## 2. Methods

### 2.1. Development of an international collaboration for communication in healthcare

In 2010, two of the authors (DS, ER) decided to bring together healthcare communication experts and leaders to explore the critical role of communication and relationships in healthcare across different cultures and settings around the world. In March 2011, the First International Symposium and Roundtable on Healthcare Communication was convened at Hong Kong Polytechnic University. The Roundtable brought together 30 invited experts from medicine, nursing and other health professions, medical/healthcare education, interprofessional training and practice, health policy and leadership, health sciences, linguistics, health communication, and sociology. This group formed the International Collaborative for Communication in Healthcare, created intentionally with an international and interprofessional perspective considered essential to the effort. The goal was to develop a multidisciplinary, international collaborative of experts working together to bridge the gaps between healthcare research, education and practice in order to better understand and enhance communication and relationships in healthcare systems worldwide. Focusing initially on Asia and the Pacific Rim, we quickly expanded to a more global perspective.

In June 2013, the international collaborative was formally launched as the International Research Centre for Communication in Healthcare (IRCCH) [17,18], co-sponsored by Hong Kong Polytechnic University and the University of Technology Sydney, Australia. Curtin University, Western Australia, became a strategic partner in July 2013. IRCCH currently has 80 members from 15 countries.

What makes IRCCH particularly distinctive is that, first, it brings together highly regarded healthcare professionals and academics with linguists and communication experts; second, it is committed to translational research that focuses on applying the findings to practice and educational development; and third, the *International*

*Charter for Human Values in Healthcare* is used as a foundational document to inform and focus IRCCH's research, education, and practice initiatives.

### 2.2. Development and refinement of the International Charter for Human Values in Healthcare

During our work together at the First International Symposium and Roundtable on Healthcare Communication in March 2011, we recognized that the nature and quality of communication in healthcare was fundamentally influenced by the values of healthcare professionals, clinicians, educators, administrators, organizations, and institutions—i.e. the values of essentially all healthcare players and stakeholders. Representing diverse cultural backgrounds, languages, and perspectives, we quickly learned that clinicians, patients, caregivers, and healthcare communities across the world share many human values. We decided to identify these common core values.

An international, interprofessional working group of Roundtable participants met to explore the human dimensions of care in healthcare relationships, to identify important values for healthcare interactions, and to begin the development of an international healthcare charter addressing core values that would provide an explicit underlying foundation for healthcare relationships.

Using qualitative research methods, iterative content analyses, focus groups, Delphi methodology, and expert consensus, we created and refined the *International Charter for Human Values in Healthcare*. We used an expert focus group model to develop our questions for study and to identify an initial list of values, followed by identification of additional values, and review and consensus by the full Roundtable group of 30 participants. The expert focus group expanded into the ongoing Human Dimensions of Care Working Group (14 international, multidisciplinary members) of the International Collaborative for Communication in Healthcare (the precursor to IRCCH).

Using expert iterative consensus, a subgroup of the working group (ER, WB, and MH), as well as a second subgroup of applied linguists in healthcare communication (DS, JKHP, and others), identified fundamental categories of values and classified sub-values within each category. Further review and consensus by the larger group followed. In mid-2011, the resulting document became the first version of the *International Charter for Human Values in Healthcare*.

The *International Charter* was further refined using additional qualitative data from a number of interprofessional groups internationally. Two questions, identified and refined by group consensus earlier, were used:

1. Drawing on your professional experiences and your experiences as a patient, what are the core human values that should be present in every healthcare interaction?
2. From your list above, what are the top 4 values you think should be present in every healthcare interaction?

Healthcare professionals and medical educators as well as patients and caregivers attending major interprofessional healthcare conferences identified, prioritized, and discussed core values for healthcare interactions. Their responses were used, via iterative consensus of a subgroup of the Human Dimensions of Care Working Group, to further refine the *International Charter*. The conferences included: National Academies of Practice (NAP) Annual Forum and Meeting, March 2011; International Conference on Communication in Healthcare (ICCH) November 2011; Interprofessional Patient-Centered Care Conference, "Patient-Centered Care: Working Together in an Interprofessional World", September 2012; and the American Academy on Communication in Healthcare Research

and Teaching Forum, October 2012. The National Academies of Practice group (70 members from 10 healthcare academies) also identified and prioritized values for interprofessional interactions.

In October 2012, the Human Dimensions of Care Working Group used Delphi methodology to further refine *International Charter* value categories and subvalues. Additional data were gathered through two focus groups of Harvard Macy Institute scholars and faculty in January 2013. The final iteration of the fundamental values categories and the subvalues within each for the *International Charter for Human Values in Healthcare* was completed by iterative consensus of an expert subgroup (ER, WB, DS, SK, HL, and MH) of the Working Group.

A separate working group of the Roundtable reviewed the literature and enunciated the critical role of skilled communication in implementing effective healthcare. During the development of the *International Charter*, it was evident that values alone, without demonstration through communication, were insufficient. Discussions between the working groups clarified the relationships between the *International Charter* values and skilled communication.

### 3. Results

#### 3.1. The International Charter for Human Values in Healthcare

Using qualitative data gathered as noted above, we identified five fundamental categories of human values that should be

present in every healthcare interaction—Compassion, Respect for Persons, Commitment to Integrity and Ethical Practice, Commitment to Excellence, and Justice in Healthcare—and categorized subvalues within each category. These are presented in Table 1.

The *International Charter* consists of the values noted and a Preamble [19] that was created by members of the Human Dimensions of Care Working Group using iterative consensus (Box 1).

#### 3.2. Dissemination and translation of the International Charter into action

The *International Charter* has been presented nationally and internationally over 20 times to date [16] to hundreds of healthcare clinicians, academics, experts, leaders, patients, and caregivers from numerous countries and cultures. Participants in a majority of these presentations were invited to identify, prioritize, share, and discuss their core values for healthcare interactions, in response to the two questions noted above. In addition, the *International Charter's* values have been incorporated into the curricula of eight courses, including interprofessional and specialty faculty development courses and trainings, fellowships, experienced clinician courses, and others. Individuals across the world, representing 22 countries, have signed the *International Charter*.

**Table 1**

The International Charter for Human Values in Healthcare: fundamental values and subvalues [16].

Five fundamental values	Values within each category
<b>Compassion</b> Compassion should be central to human relationships. Compassion means to understand the condition of others, and to commit oneself to the healing and caring necessary to enhance health and relieve suffering. These values underlie our efforts to be compassionate.	<ul style="list-style-type: none"> <li>• Capacity for caring</li> <li>• Capacity for empathy</li> <li>• Capacity for self-awareness</li> <li>• Motivation to help, heal</li> <li>• Capacity for kindness</li> <li>• Capacity for genuineness</li> <li>• Capacity for generosity</li> <li>• Capacity for flexibility and adaptability in relationships</li> <li>• Capacity for acceptance</li> <li>• Capacity for curiosity</li> <li>• Capacity for altruism</li> <li>• Capacity for mindfulness</li> </ul>
<b>Respect for Persons</b> Respect should form the basis of all of our relationships.	<ul style="list-style-type: none"> <li>• Respect for patient's and their significant others' viewpoints, opinions, wishes, beliefs</li> <li>• Respect for cultural, social, gender, class, spiritual, and linguistic differences</li> <li>• Respect for autonomy</li> <li>• Respect for privacy and confidentiality</li> <li>• Respect for all colleagues of the interprofessional team</li> <li>• Humility</li> </ul>
<b>Commitment to Integrity and Ethical Practice</b> The healing professions are built around integrity and ethical practice. These must underlie and permeate all actions in the health professions.	<ul style="list-style-type: none"> <li>• Commitment to honesty and trustworthiness</li> <li>• Commitment to reliability</li> <li>• Commitment to accountability and responsibility</li> <li>• Commitment to the patient's well-being</li> <li>• Commitment to doing no harm</li> <li>• Capacity to acknowledge one's limits and seek guidance; awareness of own limitations</li> <li>• Commitment to tolerance and non-judgmental care</li> </ul>
<b>Commitment to Excellence</b> We must dedicate ourselves to achieving excellence in all aspects of healthcare. Without excellence, no matter how well intentioned, our efforts to heal will fall short.	<ul style="list-style-type: none"> <li>• Commitment to providing the best, most effective care (scientifically and psychosocially)</li> <li>• Commitment to communication excellence</li> <li>• Commitment to relational excellence</li> <li>• Commitment to self-awareness and reflective practice</li> <li>• Commitment to life-long learning, expertise, and professional development</li> <li>• Commitment to serve the patient's best interest</li> </ul>
<b>Justice in Healthcare</b> We believe that healthcare professionals should embrace the values of justice in healthcare, and commit themselves to advocating for and putting these values into action.	<ul style="list-style-type: none"> <li>• Right to healthcare (information, access, quality)</li> <li>• Right to equality</li> <li>• Commitment to advocating for the patient</li> <li>• Absence of discrimination and prejudice</li> <li>• Attention to social factors, constraints, and barriers to care</li> <li>• Commitment to social justice</li> </ul>

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**Box 1.** Charter Preamble of the International Charter for Human Values in Healthcare [19]

#### Charter Preamble

**The International Charter for Human Values in Healthcare is a collaborative effort involving people, organizations, and institutions around the world working together to restore human values in healthcare.** These fundamental values include Compassion, Respect for Persons, Commitment to Integrity and Ethical Practice, Commitment to Excellence, and Justice in Healthcare. They embody the human dimensions of healthcare and are fundamental to the practice of compassionate, ethical and safe relationship-centered care. These values represent the overarching goals that motivate scientifically sound, effective methods of care.

**We believe that fundamental human values, such as those listed above, are both essential and universal.** These fundamental values underpin a relationship-centered approach, and can be embraced by healthcare systems around the world—across cultures, languages, professions and disciplines. They are indispensably present in every healthcare interaction.

**We believe that effective and caring communication is essential to restoring human values in health care.** Values are realized by and manifested in language and the interaction process. Skilled communication underpins healthcare interactions and relationships, and plays an essential role in making values visible.

**We believe these core human values that define the goals and processes of healthcare have yet to receive the emphasis necessary to make them central to every healthcare encounter.** Placing emphasis on our core values and their ongoing development will help to solve many problems in delivery of care—ranging from excessive cost and profit to inadequate care for the less fortunate and underserved.

**The Charter is meant to inspire a movement to improve care by restoring the primacy of human values, to place them at the center, and to make them the goal of every effort in healthcare.**

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A number of diverse institutions and organizations—from Asia, Australia, Brazil, The Netherlands, New Zealand, United Kingdom, to Uganda and the US—have joined this international effort by becoming *International Charter* partners and endorsing the *International Charter* (Table 2) [20]. We are developing ways of working together to enhance attention to the *International Charter's* values in healthcare systems internationally.

In the US, a major partner is the National Academies of Practice (NAP). Founded in 1981, NAP serves as the US forum addressing interprofessional healthcare education, practice, policy, and research. NAP is comprised of distinguished, elected members in 14 healthcare Academies. NAP voted unanimously to endorse and become a partner of the *International Charter for Human Values in Healthcare*. In addition, the *International Charter* is a partner of, and works closely with, the Charter for Compassion [21] and its healthcare sector. The Charter for Compassion represents a major worldwide movement working to promote principles of compassion through practical action in a variety of sectors including healthcare, education, science/technology and research, environment, business and others [22].

### 3.3. Relationships between values and skilled communication

The *International Charter for Human Values in Healthcare* purposefully includes the essential role of skilled communication in the demonstration of values. Skilled communication translates

values from perceptions and feelings into actions by bringing those values and capacities to life and making them visible to others. The *International Charter* framework provides a foundation for defining and thinking more systematically and intentionally about clinical communication and human values, and for understanding the relationships between them.

## 4. Discussion and Conclusions

### 4.1. Discussion

The *International Charter for Human Values in Healthcare* is a collaborative international, multi-disciplinary effort to restore the human dimensions of care—the core values and skilled communication that should be present in every healthcare interaction—to healthcare around the world. The role of the *International Charter* is to stimulate reflection and dialogue about the essential place of values and skilled communication in every healthcare interaction. It is not meant to be an absolute or final compilation of human values in healthcare interactions, but a true working document to help facilitate the efforts of clinicians, educators, researchers, policy makers, and leaders, as well as patients and caregivers, in improving healthcare delivery in systems and institutions worldwide. The *International Charter* invites organizations, groups, and individuals to reflect on the listed values, to bring them into every healthcare interaction, and to offer additional values that are essential to their care systems and patient populations. The *International Charter* was designed to be dynamic and inclusive. Indeed, the *International Charter* articulates the essential nature of core human values that underpin all human relationships. In this way, the *International Charter* can be used to discuss and teach values and embraced across cultures, languages, professions, and systems globally. Work remains to be done for the *International Charter* values to become standard across healthcare systems at all levels. We recognize that values espoused by the *International Charter* may be challenged in healthcare environments that have other incentives for alignment.

The *International Charter* explicitly honors the relationship-centered [9,23,24] nature of healthcare and the role skilled communication plays in enabling relationships. In so doing the *International Charter* addresses the fundamental role of partnership and two-way relationships between patients and physicians/clinicians, and between interprofessional healthcare team members. Honoring these partnerships reflects the respect that grounds all other interactions.

#### 4.1.1. Delineation from other healthcare charters and statements

Other notable charters or agreements relevant to values, rights, and responsibilities in healthcare exist, including the Charter on Medical Professionalism [25], Charter for Compassion (endorsed by countries, cities, partners in various sectors including healthcare and others, and over 108,000 individuals worldwide) [22], Charter of Compassion for Care in The Netherlands [26], and the Salzburg Statement on Shared Decision Making [27]. These important initiatives have inspired numerous efforts to improve healthcare. Groups such as the Human Values in Healthcare Forum [28] in the UK, the recently created Global Network in Spirituality and Health [29] which partially grew out of the US National Consensus Conference on Creating More Compassionate Systems of Care convened in 2012 by the George Washington University Institute for Spirituality and Health [29,30], and many others are working to promote ethical and humane healthcare.

The *International Charter for Human Values in Healthcare* joins other charters articulating the importance of professionalism and values to guide healthcare professionals. Among the best known is the Charter on Professionalism written by members of the Medical Professionalism Project group that was comprised of leaders of the American



**Table 2**

Partners of the International Charter for Human Values in Healthcare.

Charter partner	Country
International Research Centre for Communication in Healthcare (IRCCH) Jointly sponsored by Hong Kong Polytechnic University, Hong Kong and University of Technology Sydney, Australia; Curtin University, Western Australia is a strategic partner. Includes 80 members from 15 countries.	International
The National Academies of Practice <i>Includes 14 Academies representing:</i> Dentistry, Medicine, Nursing, Optometry, Osteopathic Medicine, Pharmacy, Podiatric Medicine, Psychology, Social Work, Veterinary Medicine, Audiology, Occupational Therapy, Physical Therapy, Speech and Language Therapy	USA
Charter for Compassion Includes cities, countries, partners in healthcare, education, science/technology and research, environment, religion/spirituality, peace and non-violence, and business sectors; signed by over 108,000 individuals worldwide	International
Children's Emotional HealthLink (CEHL)	USA
The George Washington Institute for Spirituality and Health (GWish), George Washington University	USA
The Good Worker: Mindful Professionalism	The Netherlands
Alabama College of Osteopathic Medicine	USA
Hands of Action Uganda	Uganda
Hearts in Healthcare	New Zealand
Hong Kong Society for Nursing Education	Hong Kong
Human Values in Healthcare Forum	United Kingdom
Institute for Professionalism and Ethical Practice, Boston Children's Hospital	USA
Sigma Theta Tau International (STTI) Honor Society of Nursing, Pi Iota Chapter	Hong Kong
SOBRAMFA-Medical Education and Humanism (former Brazilian Society for Family Medicine)	Brazil
Taiwan Association of Medical Education	Taiwan
Transcendent Endeavors	USA

Board of Internal Medicine Foundation, the American College of Physicians–American Society of Internal Medicine, and the European Federation of Internal Medicine [25]. The result of multiple inputs from a range of national and international organizations, forums, and individuals, the *International Charter for Human Values in Healthcare* described in this paper substantiates and supports the principles espoused in the Charter on Professionalism. Published in 2002, the Charter on Professionalism was crafted to address concerns regarding potential erosion of professional ethical underpinnings throughout the industrialized world by the growing healthcare corporate models. Comprehensive and detailed, the principles and commitments of the Charter on Professionalism provide important ethical guidelines for physicians in a shifting, challenging healthcare environment progressively dominated by corporate rules. The *International Charter for Human Values in Healthcare* fundamentally endorses the Charter on Professionalism through its independently, internationally derived set of five fundamental categories of values and subvalues within each. Indeed the similarity of the values and subvalues of the *International Charter* to the principles and commitments of the Charter on Professionalism lend credence to both. We see both charters as complementary and fundamental to healthcare.

The *International Charter for Human Values in Healthcare* adds perspectives that complement the Charter on Professionalism in several ways. First, the *International Charter* specifically addresses the importance of values in therapeutic relationships and the care all healthcare clinicians give their patients, thus responding to the evolving interprofessional, team-based nature of care in today's environment. Second, the *International Charter* addresses the crucial nature of values in team and colleague relationships, recognizing that the quality of interprofessional relationships within the care team has a powerful effect on the quality of the physician–patient and other clinician–patient relationships and on the outcomes of

care. Third, the *International Charter* was created from the input of numerous groups, forums, organizations, and individuals worldwide and is intentionally broadly global, in recognition that the values we identified are likely core human values, not a reflection of western concepts or beliefs of a particular group, culture or belief system. Finally, and perhaps most important, the *International Charter* purposefully addresses the essential, fundamental role of skilled communication in the demonstration of values and, in doing so, emphasizes the connection between values and communication skills. The *International Charter* thus provides a unique lens to refocus on core values that are fundamental to optimal healthcare, as well as the essential role of communication skills in achieving this outcome.

#### 4.1.2. Core values and skilled communication to enhance the human dimensions of care

The intrinsic relationship between skilled communication and explicit attention to expression of human values in all healthcare interactions may seem obvious, though the requirement for the demonstration of capacity for both values and communication skills needs to be articulated. We have found it useful to think of communication as three interdependent types of skills [31]:

- Content skills—what you say.
- Process skills—how you communicate, e.g., how you structure interactions, ask questions, listen and respond, relate to patients and others, use nonverbal skills/behavior, involve patients in decision making, etc.
- Perceptual skills—what you are thinking and feeling, e.g., your clinical reasoning and other thought processes; feelings (including what you do with them); attitudes, biases, assumptions, intentions; values and capacities (including compassion, mindfulness, integrity, respect, etc.).

These somewhat overlapping skill sets are interdependent—a weakness or strength in one weakens or strengthens all three. Developing communication process and content skills, without ongoing and commensurate awareness and development of the values, personal ethics, and capacities that underlie those skills, can lead to manipulation rather than effective interaction. On the other hand, developing our values, capacities, and other perceptual skills without ongoing development of the process and content skills needed to demonstrate those values and capacities is inadequate, and the risk is that patients and others will not see nor experience that we hold these values (e.g. we may incorrectly perceive that because we feel empathy we are demonstrating it, or because we intend to listen carefully, we are doing so) [31].

Communication is an essential *clinical* skill with considerable science behind it, not an optional add-on and not ‘simply’ a social skill at which we are already adept. An extensive body of research developed over the past forty years in human medicine, shows that improving clinical communication in specific ways leads to numerous significant outcomes of care [4,13,32] (Box 2).

Our values, capacities, and communication skills also help us discern which way of relating is called for at any given moment. Developing and enhancing the capacity for flexibility, relational versatility, and “differential use of self”—i.e., the ability to adjust interpersonal skills based on the needs of different patients, families, the changing nature of the problem, and context—is central [7,9,33,34].

Through actions and words, clinicians espouse values in healthcare. Given our responsibilities and involvement with people’s lives at their times of greatest vulnerability, clinicians need to live by these values. We need to develop learning environments and practice settings that strengthen and reinforce our values. The values espoused in the *International Charter for Human Values in Healthcare*, and the specific clinical communication skills needed to demonstrate them, underpin efforts to strengthen the ongoing development of core values in medical/healthcare education and clinical programs at all educational levels. Two such programs that reflect *International Charter* values are briefly described below, as a means of demonstrating the potential impact of the *International Charter* and the translation of its values into action.

**Box 2. Summary of Research Findings on Communication in Healthcare [4]**

Improving clinical communication in specific ways leads to better outcomes, including:

**1. More effective consultations for patients and clinicians**

- Greater accuracy
- Heightened efficiency
- Enhanced supportiveness and trust

**2. Better relationships characterized by collaboration and partnership**

**3. Better coordination of care** (within healthcare teams, between other professionals, with patients’ significant others, etc.)

**4. Improved outcomes of care**

- Better understanding and recall
- Improved adherence and follow-through
- Enhanced symptom relief
- Better physiological outcomes
- Enhanced patient safety and fewer clinician errors
- Greater patient and clinician satisfaction
- Reduced costs, shorter hospital stays, and fewer complications
- Reduced conflicts, complaints, and malpractice claims

#### 4.1.3. Faculty development to strengthen core values in medical education

For some time, Branch and others have worked to study and implement ways to enhance core values in medical education [12,13,35–37]. Noting the deterioration of communication skills and humanistic attitudes in their former students while in residency training, Branch et al. identified a need to strengthen trainees’ commitment to values and their sensitivity to situations in which values are at stake, and devised an approach to positively influence the residencies’ learning climates through better faculty role models in their clinical settings [12].

The faculty development program developed by Branch et al. [12] aims to enhance values and skilled communication by developing more humanistic faculty role models. The program for training faculty role models employs three mutually synergistic elements [12,36–38]. The method resulting from this synergism appears highly effective in developing faculty members’ capacities for the values, attitudes, and communication practices espoused by the *International Charter for Human Values in Healthcare*. Teaching strategies used include:

- (1) Mastering communication skills through active learning: Patient-interviews and simulated educational scenarios allow participating faculty members to master skills and adopt effective communication practices, while providing opportunities to reflect on the values that underlie these interactions.
- (2) Reflective learning: The faculty development program uses exercises, such as narrative writing followed by reflective discussion, to explore and work through the moral, professional, and value-laden components of interactions with patients, learners, and others that occur as part of the active learning process.
- (3) Longitudinal group-process: The trust and community that develops over time in regular small-group meetings of faculty teachers/role models synergizes with experiential and reflective learning to strengthen commitment and sensitivity to values. Support of the group members for each other reinforces the ethos of the group, which invariably embraces skilled communication and values like empathy, compassion, integrity, and respect.

This faculty development program has been applied or is currently ongoing at 25 medical schools, and plans are in place to expand it. Branch and colleagues found statistically significant superior humanistic teaching by faculty participating in the program, compared to matched controls [12]. Of perhaps equal importance, this faculty development program addressing skilled communication and values meets strong needs expressed by the faculty at multiple medical schools. A number of the schools have now adopted the program as a sustained and regular component of faculty development for their most promising teachers. One site has developed a Faculty Education Fellowship in Medical Humanism and Professionalism, and has created and implemented a values curriculum based on the *International Charter* [39].

Faculty members can transform medical and healthcare education by encouraging moral and professional growth at all levels for every trainee. The development of the *International Charter for Human Values in Healthcare*, and its articulation of human values, supports and amplifies the importance of this approach.

#### 4.1.4. Translating research findings into training and practice

The second example showing the translation of the *International Charter’s* values into action involves a research-based training intervention that embeds human values in healthcare interactions during nursing handovers, and also exemplifies the *International Charter’s* ideal of relationship-centered care where patients have the

opportunity for active inclusion in decisions about their care and are included with respect, compassion, and integrity.

Clinical handover—the transfer between clinicians of responsibility and accountability for patients and their care [40]—is a pivotal and high-risk communicative event in hospital practice. Research identifies poor communication during handovers as a major risk for error and adverse outcomes [41,42]. An increasing number of public and private hospitals in Australia now require that nursing shift handovers take place at the bedside, so that patients can hear and contribute to the handover, with the end goal of improving the continuity and safety of patient care and making it more patient-centered [32].

Eggs and Slade, [43] as part of a national research project entitled *Effective Communication in Clinical Handover* (ECCHo), studied the effectiveness of mandated nursing handovers at the bedside at a large metropolitan Australian hospital through review and linguistic analysis of more than 200 hours of audio and video recordings of actual handovers. Analysis of the audio and video recordings showed that, without training, the nurses only nominally changed their behavior, with few handovers occurring at the bedside and even fewer involving direct patient engagement. Patient contributions were not invited and often not welcomed, and patients felt objectified or ignored.

From their research findings, Eggs and Slade developed training workshops that included four key components: (1) creating engagement to develop new practice, (2) self-reflection, (3) input in the form of practical communication protocols and strategies, and (4) role play activities to practice and reinforce new communication skills. A unique feature of these workshops was the use of high quality, professionally produced DVDs of re-enactments by professional actors replicating transcripts of actual bedside handovers recorded on site. The workshop progressively introduced communication protocols, with explicit language examples, to strengthen participants' skills in (1) managing the interactional dimension of handover (*how* you talk) and (2) the informational dimension (*what* you say). The *International Charter* values underpin the design of the intervention. This research suggests that, for nurses to involve the patient effectively in a respectful, compassionate and ethical manner, the focus of training and education for nurses (and physicians) needs to include how to effectively communicate both the interpersonal and informational dimensions of language.

#### 4.2. Conclusions

The *International Charter for Human Values in Healthcare* has as its focus the values that should be present in, and inform, every healthcare interaction. We have described the development and dissemination of the *International Charter* and the core values it identifies, conceptualized the role of skilled communication in demonstrating these values, and provided examples of educational and clinical training programs that translate values into action by using skilled communication to make these values visible. These efforts underscore the importance of providing ongoing training and practice opportunities along with expectations for healthcare professionals to explicitly articulate, teach, learn and continue to enhance personal values and evidence-based communication skills during the early years of medical/healthcare education, and throughout their careers.

The *International Charter for Human Values in Healthcare* is designed to foster a movement to improve care by restoring the primacy of human values, to place them at the center, and to make values, and the communication skills necessary to demonstrate them, the foundation of every effort in healthcare. The *International Charter* represents an international, interprofessional, cross-cultural endeavor, engaging healthcare clinicians, educators, researchers, leaders, patients, and caregivers in the demonstration of these

values in all healthcare relationships. Significantly, we go beyond delineation and endorsement of core values in the *International Charter*, to the translation of those values into action through intentional use of specific communication skills, and offer examples of approaches in both educational interventions and practice itself.

#### 4.3. Practice implications

The *International Charter for Human Values in Healthcare* identifies and promotes core values healthcare clinicians and educators can demonstrate through skilled communication and use to advance humanistic educational programs and practice strategies. We believe that placing emphasis on both core values and evidence-based communication skills will help to solve significant problems in the delivery of care, ranging from excessive cost and profit, inadequate care for the less fortunate and underserved, to increasing patient safety issues, and interprofessional challenges.

#### Conflict of Interest

The authors declare no conflicts of interest.

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